



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : D'Angelo, Thomas M.

Appl'n./Serial No. : 09/533,741

Filed : March 23, 2000

Grp./Art Unit : 1722

Title : METHOD OF MAKING CORRUGATED PART

Examiner: : Staicovici, Stefan

Atty. Docket No. : 1697-P3009-002

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August 7, 2002
Date

William J. Schramm
Name


Signature

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**SUPPLEMENTAL DECLARATION
FOR UTILITY PATENT APPLICATION**

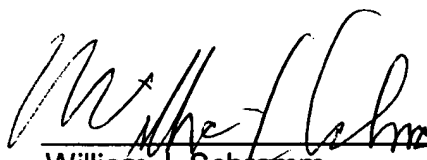
Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicant has signed a Supplemental Declaration referencing amendment to the claims on July 16, 2002. It is attached hereto.

Respectfully submitted,

REISING, ETHINGTON, BARNES,
KISSELLE, LEARMAN & McCULLOCH, P.C.



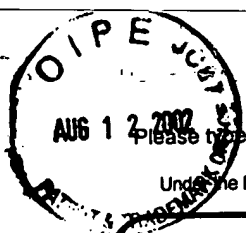
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/533,741	
	Filing Date	March 23, 2000	
	First Named Inventor	D'Angeli, Thomas M.	
	Group Art Unit	1722	
	Examiner Name	Staicovici, Stefan	
Total Number of Pages in This Submission	5	Attorney Docket Number	1697-P3009-002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard, signed Supplemental Declaration with Cert. of Mailing

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William J. Schramm, Reg. No. 24,795 REISING, ETHINGTON, BARNES, KISSELLE, LEARMAN & McCULLOCH, P.C.
Signature	<i>William J. Schramm</i>
Date	8-7-02

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Typed or printed name	Irene M. Ries		
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